



City of Los Angeles  
Department of Building and Safety

**"NORTHRIDGE EARTHQUAKE" FILE  
(EQ1-94)**

**ADDRESS: 1714 - 1746 N IVAR AV**

**RECORD NO.: 54412      \*POSTING: GREEN**

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

"RECORD NO." refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

"POSTING" is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: "RED" is unsafe to occupy; "YELLOW" is limited entry; and "GREEN" is safe to occupy. Other designations were used in the Posting field, but are not postings. They are "CERT" and "PERMIT" and are described as follows:

"CERT" refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS "CERT", IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

"PERMIT" is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do not indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS "PERMIT", IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

2/22/95 FXR

EQ 1-94

## CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

## RAPID SCREENING INSPECTION FORM

## A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake  
☐ Flood ☐ Other

## B. BUILDING USE:

- ☒ Residential  
☒ Commercial

## C. INCLUSIVE ADDRESS:

1714-46 N. IVAR ST.

## COUNCIL DISTRICT:

4

## D. OWNER:

PHONE NO.:

## MANAGER:

PHONE NO.:

E. No of Stories: 10 No. of Living Units: 282 Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM ☒ I ☐ II ☐ III ☐ IV ☐ V APPROX. SIZE 150 ft. x 200 ft.

## PRIMARY OCCUPANCY: (Check one, only)

- |                                      |  |   |  |   |  |                                       |
|--------------------------------------|--|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT            | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL         | <input type="checkbox"/> 13 OFFICE      | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE   |
| <input type="checkbox"/> 02 DUPLEX   | <input checked="" type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input checked="" type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT  | <input type="checkbox"/> 06 CHURCH               | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG.             | <input type="checkbox"/> 15 PUB. UTIL.  | <input type="checkbox"/> 18 SCHOOL     | <input type="checkbox"/> 35 CONDO     |
|                                      |  |   |  |   |  | <input type="checkbox"/> 99 OTHER     |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

## EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/piasters/corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>PLASTER CRACKS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: REPAIRSG. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 2 % EST. DAMAGE: \$ 6000.00 PERMIT REQUIRED? ☐ YES ☒ NO

## H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☒☒ Exterior Only☒ Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐☐ Building☐ Area (See Section I-3)

## I. RECOMMENDATIONS: (Circle Number / Fill in data)

☒ 1. No Further Action required.☐ 2. Detailed Evaluation required.☐ Structural ☐ Geotechnical☐ 3. Barricades needed in the following areas:☐ 4. Disconnect utilities:☐ Electric ☐ Gas ☐ Water

## J. INSPECTOR:

Name/I.D.: DESSINA / HERNANDEZPhone: 232-0920

## K. INSPECTED:

Date: 1-31-94Time: 11:15

(a.m./p.m.)